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DATE: November 23, 2004

PTO IDENTIFIER: Application Number 09/870,397-Conf. #8066
Patent Number

Inventor: Yoshiki Nakagawa et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Burton A. Amernick

PHONE: (202) 331-7111

Attorney Dkt #: 21581-00271-US

PAGES (Including Cover Sheet): 31

CONTENTS: Petition for Extension of Time (1 page);
Fee Transmittal (1 page);
Response to Office Action under 37 C.F.R. 1.111 (6 pages)
IDS (Citation) by Applicant (1 Reference) (1 page);
Information Disclosure Statement (2 pages);
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PTO/SB/97 (09-04)

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Application No. (if known): 09/870,397

Attorney Docket No.: 21581-00271-US

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Petition for Extension of Time (1 page);
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FEE TRANSMITTAL

for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1160.00)

Complete if Known

Application Number	09/870,397-Conf. #8066
Filing Date	May 31, 2001
First Named Inventor	Yoshiki Nakagawa
Examiner Name	M. G. Moore
Art Unit	1712
Attorney Docket No.	21581-00271-US

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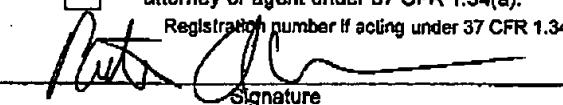
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
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<input checked="" type="checkbox"/> Deposit Account:										
Deposit Account Number 22-0185										
Deposit Account Name Connolly Bove Lodge & Hutz LLP										
The Director is authorized to: (check all that apply)										
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments										
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity	Small Entity									
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid					
1001	700	2001	395	Utility filing fee						
1002	350	2002	175	Design filing fee						
1003	650	2003	275	Plant filing fee						
1004	790	2004	385	Reissue filing fee						
1005	150	2005	60	Provisional filing fee						
SUBTOTAL (1) (\$ 0.00)										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
Extra Claims Fee from below Fee Paid										
Total Claims	23	-23** =	<input type="checkbox"/>	<input type="checkbox"/>	=	0.00				
Independent Claims	1	-3** =	<input type="checkbox"/>	<input type="checkbox"/>	=	0.00				
Multiple Dependent			<input type="checkbox"/>	<input type="checkbox"/>	=					
Large Entity	Small Entity									
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee Description	Fee Paid					
1202	18	2202	9	Claims in excess of 20						
1201	68	2201	44	Independent claims in excess of 3						
1203	300	2203	150	Multiple dependent claim, if not paid						
1204	68	2204	44	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) (\$ 0.00)										
**Or number previously paid, if greater; For Reissues, see above										
Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 1160.00)										

SUBMITTED BY					(Complete if applicable)	
Name (Print/Type)	Burton A. Amerlick		Registration No. (Attorney/Agent)	24,852	Telephone	(202) 331-7111
Signature			Date	11-23-04		

PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 21581-00271-US																								
Application Number 09/870,397-Conf. #8066	Filed May 31, 2001	RECEIVED CENTRAL FAX CENTER																								
For FUNCTIONAL GROUPS-TERMINATED VINYL POLYMERS																										
Art Unit 1712	Examiner M. G. Moore																									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																										
<table> <thead> <tr> <th></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$110.00</td> <td style="text-align: center;">\$55.00</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$430.00</td> <td style="text-align: center;">\$215.00</td> <td>\$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$980.00</td> <td style="text-align: center;">\$490.00</td> <td>\$ 980.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1,530.00</td> <td style="text-align: center;">\$765.00</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2,080.00</td> <td style="text-align: center;">\$1,040.00</td> <td>\$_____</td> </tr> </tbody> </table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ 980.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$_____
	<u>Fee</u>	<u>Small Entity Fee</u>																								
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$_____																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u> . I have enclosed a duplicate copy of this sheet.																										
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>24,852</u>  <u>Burton A. Amemick</u> Typed or printed name																										
<u>November 22, 2004</u> Date <u>(202) 331-7111</u> Telephone Number																										
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																										
<input type="checkbox"/> Total of <u>1</u> forms are submitted.																										